



State of Vermont
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Global Commitment Register

December 29, 2015

REPEALED

GCR 15-009
FINAL

Update to Neonate Add-on Payments

Policy Summary:

The Department of Vermont Health Access (DVHA) is filing Vermont Medicaid State Plan Amendment (SPA) #16-003 to update the methodology as to when a claim will receive a neonate add-on payment and for how many days providers would receive the add-on payment. If a patient's length of stay (LOS) is less than or equal to the Medicare Geometric Mean LOS for the DRG assigned to that patient, the provider would no longer be eligible for a neonate add-on payment. If the patient's LOS is greater than the Geometric Mean LOS, the claim would then be eligible for the add-on payment for the number of days exceeding the mean. This change is being made as part of DVHA's annual review of reimbursement rates and methodologies in an effort to more accurately reimburse providers for the actual cost of care.

Effective Date:

January 1, 2016

Authority/Legal Basis:

These changes are being made pursuant to 42 CFR §430.12(c)(1)(ii) under the Medicaid State Plan, which can be found here: <http://dvha.vermont.gov/administration/state-plan>.

Population Affected:

Those receiving and providing inpatient neonatal care.

Fiscal Impact:

	State Fiscal Year 2016	State Fiscal Year 2017
State Savings	(\$351,835)	(\$697,260)
Federal Savings	(\$411,365)	(\$829,140)
Total Savings	(\$763,200)	(\$1,526,400)

Additional Information:

The draft SPA provides additional details on the changes; the draft SPA can be found on the DVHA website: <http://dvha.vermont.gov/global-commitment-to-health/global-commitment-register-proposed-policy-changes>. The complete State Plan is available here: <http://dvha.vermont.gov/administration/state-plan>